The Father’s House

LACPC Christian Education Department

2241 N. Eastern Ave., Los Angeles, CA 90032

**Student Registration Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Male: \_\_\_\_\_\_\_\_\_ Female: \_\_\_\_\_\_\_\_\_ Birthdate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MM/DD/YYYY)

Infant baptized? Yes:\_\_\_\_\_ No: \_\_\_\_\_, If yes, then confirmed? Yes: \_\_\_\_\_ No: \_\_\_\_\_

**Department**: Grade at Church: \_\_\_\_\_

Nursery: \_\_\_\_\_ Kindergarten: \_\_\_\_\_ Elementary: \_\_\_\_\_

Junior High: \_\_\_\_\_ High School: \_\_\_\_\_ Korean School: \_\_\_\_\_

**Parent/Guardian Information:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Name | Phone | Church | Occupation |
| Father |  |  |  |  |
| Mother |  |  |  |  |
| Legal Guardian |  |  |  |  |

**Sibling Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name | Relation (circle) | Age | Department |
|  | Brother/Sister |  |  |
|  | Brother/Sister |  |  |
|  | Brother/Sister |  |  |

Name of School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade in School: \_\_\_\_\_\_\_\_\_

Language of preference: Korean: \_\_\_\_\_ English: \_\_\_\_\_ Spanish: \_\_\_\_\_ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Photograph/Video Release Permission**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Parent/Guardian Name), understand that I have the choice to allow or disallow my child to appear in any public media displayed by Los Angeles Christian Presbyterian Church (LACPC). (Please check below)

\_\_\_\_\_ **I DO** give permission to publicly display videos or photographs of my child in church websites, bulletin boards, video presentations, or any other public media that may be used for church purposes at LACPC.

\_\_\_\_\_ **I DO NOT** give permission to publicly display videos or photographs of my child.

By signing this form, I acknowledge that all information on this form (front and back) is correct to the best of my knowledge. I also acknowledge that I have indicated whether to give LACPC permission to publicly display media with my child in it. I also acknowledge that if I change my mind on photo/release or medical release permissions, I will give WRITTEN and signed notice.

Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian’s Name (Printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(Medical Information on reverse of this form)*

**Medical Information**

1. Has the student had any of the following? (Check if YES)

( ) Recent illness ( ) Tuberculosis ( ) Asthma ( ) Diabetes

( ) Heart Condition ( ) Rheumatic fever ( )Epilepsy/Seizures ( ) Unexplained weight loss

( ) Immunity disorder ( ) Chronic Cough ( ) Dizziness/fainting ( ) Ear, Nose, throat issues

( ) Allergies – if yes please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Immunizations

Date of last Tetanus shot: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Other immunizations up to date? ( ) Yes ( ) No

3. List any medications this student will need to take while at events: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NOTE: All medications (prescription and non-prescription) must be checked in to a counselor at each event. A counselor will administer all medications according to parents and/or doctor’s instructions.

4. List any instructions for administering of the student’s medication: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Restrictions: Any swimming restrictions? ( ) Yes ( ) No

Other activity restrictions? ( ) Yes ( ) No

Give details on bottom of this form.

6. Medical Insurance: Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Policy #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Treatment authorization: With the understanding that due care for the health and safety of all participants will be exercised, Los Angeles Christian Presbyterian Church will not be held responsible in the event of any illness or accidental injury. I also authorize and direct the church leaders to secure the services of properly qualified medical personnel to perform any necessary medical or surgical procedure for my child in the event of any illness or injury, with the understanding that every reasonable effort will be made to contact me before such action is taken. I also agree to assume all legal and financial responsibility for the treatment of my child.

Parent/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_